



**D.H.S.P. CHILDCARE & FAMILY SUPPORT SERVICES
PRESCHOOL & AFTERSCHOOL PROGRAMS
WAITLIST/ENROLLMENT REQUEST FORM**

Please read all Instructions provided with this form before completing application

*Parent/Guardian's Name: First _____ Last _____

Address: _____ Apt# _____ City, State, Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

*Child's Name: First _____ Last _____ M _____ F _____

Date of Birth _____ Child's Current age: _____ yrs. _____ mos.

Elementary School child attends (School age children only) _____ Grade: _____

Is child a sibling of another child, currently enrolled in a DHSP program? _____ yes _____ no Past enrollment _____ yes _____ no

If Yes, Sibling's Name: First _____ Last _____ Program name _____

Does your child require more individualized attention than the typical student does? Yes _____ No _____

Has your child been identified as having a special need? Yes _____ No _____ if Yes, please explain:

Please **CHECK** up to 3 program choices in which you would be willing to enroll your child. Placing your child's name on more than one list may increase your ability to enroll sooner. The first program with available space will contact you by telephone. **Note, should you decline the first available space your child's name will be removed from ALL waitlists.**

Preschool PROGRAMS

(12) Haggerty 8:30 a.m.-12:00 p.m.

5 days/week: _____

M, W, F only: _____

T, TH only: _____

(11) Peabody Preschool 8:00 a.m.-6:00p.m.

5 days/week: _____

(13) M L King 7:30-5:30 p.m.

5 days/week: _____

(15) King Open 8:00 a.m.-6:00 p.m.

850 Cambridge street 5 days / week: _____

(17) East Cambridge 7:30 a.m.-5:30 p.m.

5 days/week _____

(18) Morse 8:00 a.m. – 6:00 p.m.

5days/week _____

Afterschool PROGRAMS

(1) Peabody grades K-1: _____ or (2) 2-5: _____

(7) Fletcher/Maynard grades K-4: _____

(5) M L King grades K-2: _____ or (6) 3-5: _____

(3) Morse K-2: _____ or (4) 3-6: _____

***After School Only* -(Please check only one)**

Part-time M, W, F only: _____ (slots upon availability)

Part-time T, Th only: _____ (slots upon availability)

Full-time 5 days week: _____

***Note*: TRANSPORTATION MAY NOT BE AVAILABE FROM
ALL ELEMENTARY SCHOOLS TO AN AFTER SCHOOL
PROGRAM**

Parent/Guardian Signature: _____ Today' s Date _____

CHECK ALL FUNDING SOURCES THAT APPLY- (PLEASE CHECK AT LEAST ONE TO COMPLETE THIS APPLICATION-For more information, see descriptions below.

☐ Regular Tuition ☐ City Scholarship ☐ Voucher

☐ OCCS - (Full day Preschool Only) ☐ Partnership - (Full day Preschool Only) Social Security #: _____ Total family size _____
Household Monthly Income \$ _____ ****PLEASE NOTE ****(Social security #, family size, and household monthly income are required for Partnership/OCCS slots, this information will be shared with the Office for Childcare Services and Childcare Resource Center. Your family will be placed on the OCCS Waitlist according to the information provided you will be contacted when a subsidy becomes available.

Please indicate if you work for the City of Cambridge office

☐ City of Cambridge Employee

Department: _____

TYPES OF TUITION ASSISTANCE

At the time of registration, you will be asked to indicate if you are requesting any type of tuition assistance. You will need to verify your income and Cambridge residency with documentation. Social Security numbers and birth certificates are also required for an OCCS or Partnership subsidized slot. **(PLEASE DO NOT SEND DOCUMENTATION WITH THIS FORM.)**

CITY SCHOLARSHIP: The City of Cambridge Department of Human Service Programs has a limited amount of funds available for tuition assistance for families enrolled in either a DHSP preschool or after school program. As scholarships are based on gross monthly income, family size and Cambridge residency, you will be asked to supply required documentation. For more information call 617-349-6254.

VOUCHER: We accept vouchers for preschool and after school programs. Vouchers are issued by the CCRC (Childcare Resource Center) located at 130 Bishop Allen Drive, Cambridge. For more information call 617-547-1063.

CAMBRIDGE CHILDCARE ASSISTANCE PROGRAM: The Childcare Resource Center and the City of Cambridge jointly offer a limited amount of tuition assistance for licensed after school care. If you are working or in school, a Cambridge resident and you meet the income guidelines you may be eligible. For more information call 617-547-1063 x203.

OCCS: DHSP has a limited number of subsidies funded by Massachusetts Office of Childcare Services, these subsidies are for parents who work or attend school 30hrs weekly, earn up to 50% or less of the state median income (approximately \$28,968 for a family of three). Families must meet OCCS income eligibility and service guidelines. Parents pay fees based on their gross monthly income. Slots are for Full Day licensed Preschool services only. These slots are waitlisted and are filled upon slot availability. For more information or to be placed on the OCCS waitlist please call 617-349-6254.

PARTNERSHIP: DHSP has a limited number of subsidies funded by the Community Partnership Program of Cambridge. This program is for parents working 30hrs or more, who's name is on the OCCS waitlist and or earns up to 85% or less of the state median income (approximately \$49,248 for a family of three). Children must be enrolled in licensed full day preschool programming (only)

Parents will pay fees based on their gross monthly income. Slots are filled upon availability. For more information or to be placed on the OCCS waitlist please call 617-547-1063.

WAIT LIST/ENROLLMENT Information

This form is to request that your child be enrolled in a Department of Human Services Childcare Program. If the program(s) of your choice is (are) currently full, your child's name will be placed on a waitlist according to the date this completed form is received by the Childcare Enrollment Coordinator. You will be contacted by telephone when an opening is available for your child to enroll. Preschool children are eligible to be placed on a wait list at one year (1) of age. If you have a change of *address or telephone #* please call the Enrollment Coordinator at 617-349-6254, so the information may be updated immediately. Incorrect information may affect your ability to enroll.

CHILDREN WITH SPECIAL NEEDS

If your child has special needs and/or is in need of additional supports, there are a few additional steps that need to be taken prior to actual enrollment. We ask for prior notification of your child's needs as soon as possible, to prevent any potential delays in the completion of the process once space becomes available.

After you complete this form mail or bring it to:

Childcare Enrollment Coordinator
Department of Human Service Programs
51 Inman Street, 3rd floor
Cambridge, MA 02139-1102
Phone: (617) 349-6254

The City of Cambridge, Department of Human Services, does not discriminate in providing services to children and their families on the basis of race, religion, national origin, cultural heritage, political beliefs, sexual preference, marital status or disability. The Department of Human Services will provide auxiliary aids and services, written materials in alternative formats, and reasonable modifications in policies and procedures to qualified individuals with disabilities upon request. For more information, call 617-349-6200 or TTY 617-492-0235